Form	5500-SF	Short Form Annu	ual Return/Rep Benefit Pla	ort of Small Empl	OMB Nos. 1210-07 1210-00				
	t of the Treasury evenue Service	This form is required to be file	Petirement	rement <b>2015</b>					
Department of Labor         Income Security Act of 1974 (ERISA), and sections 6057(b) and 6058(a) of the Revenue Code (the Code).           Papeion Benefit Guaranty Corroration         Revenue Code (the Code).						This Form is Open to Public Inspection			
				instructions to the Form 5	500-SF.		•• <b>p</b> ••••••		
		dentification Information al plan year beginning 01/01/		and ending 1	2/31/2015				
A This return/		a single-employer plan       a one-participant plan		rer plan (not multiemployer) g employer information in ad		0			
<b>B</b> This return/r	eport is	the first return/report an amended return/report	the final return/rep	oort eturn/report (less than 12 m	12 months)				
C Check box	if filing under:	Form 5558 special extension (enter desc	automatic extens	on	0 D	DFVC program			
Part II B	asic Plan Infor	mation—enter all requested ir							
1a Name of p	lan	REMENT SAVINGS PLAN			1b Three plan r (PN) 1c Effect	number ▶	001 plan		
		er, if for a single-employer plan)			2b Emplo		/2009 cation Number		
	n, state or province,	, apt., suite no. and street, or P. country, and ZIP or foreign pos		instructions)	2b         Employer Identification Number (EIN)         61-1198913         2c         Sponsor's telephone number				
					2d Busine	502-58 ess code (s	7-9450 ee instructions)		
815 ALLMOND OUISVILLE, KY						33700	00		
<b>3a</b> Plan admir	nistrator's name and	address XSame as Plan Spor	isor.		<b>3b</b> Admir	istrator's E	IN		
					3c Admir	iistrator's te	elephone number		
		olan sponsor has changed since	the last return/report fi	led for this plan, enter the	4b EIN				
name, EIN <b>a</b> Sponsor's		ber from the last return/report.			<b>4c</b> PN				
5a Total num	ber of participants a	t the beginning of the plan year.			5a		24		
		t the end of the plan year			5b		18		
		ccount balances as of the end of			5c		18		
<b>d(1)</b> Total nu	umber of active parti	cipants at the beginning of the p	lan year		5d(1)		16		
		cipants at the end of the plan ye			5d(2)		13		
than 1009	% vested	rminated employment during th			5e	lished	2		
Under penalties SB or Schedule	s of perjury and othe	er penalties set forth in the instru I signed by an enrolled actuary,	ctions, I declare that I h	nave examined this return/re	port, includin	g, if applica			
SIGN File	GN Filed with authorized/valid electronic signature. 07/19/2016 RICHARD C. SELV					AGE			
	gnature of plan ad	ministrator	Date	Enter name of individ	lual signing a	s plan adm	inistrator		
SIGN HERE Si	gnature of employ	er/plan sponsor	Date	Enter name of individ	lual signing a	s emplover	or plan sponsor		
		me, if applicable) and address (i			Preparer's				
For Paperwork I	Reduction Act Notice	and OMB Control Numbers, see th	a instructions for Form	5500-SE		F	Form 5500-SF (2015)		

6a Were all of the plan's assets during the plan year invested in elig	gible assets?	(See instructions.)					X Yes No			
<b>b</b> Are you claiming a waiver of the annual examination and report				•	,		X Yes No			
	under 29 CFR 2520.104-46? (See instructions on waiver eligibility and conditions.)									
<b>C</b> If the plan is a defined benefit plan, is it covered under the PBGC						-	No Not determined			
Part III Financial Information	-					4				
7 Plan Assets and Liabilities		(a) Beginning	n of Yea	ar			(b) End of Year			
a Total plan assets	7a	(u) 20g		724			562348			
<b>b</b> Total plan liabilities										
C Net plan assets (subtract line 7b from line 7a)			720	724			562348			
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	(a) Amount				(b) Total			
a Contributions received or receivable from:		(u) /								
(1) Employers	8a(1)		22	359						
(2) Participants	8a(2)		71	744						
(3) Others (including rollovers)	8a(3)									
<b>b</b> Other income (loss)	8b		8	764						
<b>C</b> Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	8c						102867			
d Benefits paid (including direct rollovers and insurance premiums to provide benefits)	8d		260	023						
e Certain deemed and/or corrective distributions (see instructions)	8e									
f Administrative service providers (salaries, fees, commissions)	8f		1	220						
g Other expenses	8g									
h Total expenses (add lines 8d, 8e, 8f, and 8g)	8h						261243			
i Net income (loss) (subtract line 8h from line 8c)	8i						-158376			
<b>j</b> Transfers to (from) the plan (see instructions)	···· 8j									
Part IV Plan Characteristics										
9a If the plan provides pension benefits, enter the applicable pensi 2E 2F 2G 2J 2K 2T 3D	on feature co	des from the List of PI	an Cha	racteri	stic Co	odes in	the instructions:			
B If the plan provides welfare benefits, enter the applicable welfar	e feature cod	es from the List of Pla	n Chara	acterist	ic Co	des in th	he instructions:			
Part V Compliance Questions										
10 During the plan year:				Yes	No	N/A	Amount			
<b>a</b> Was there a failure to transmit to the plan any participant contri										
described in 29 CFR 2510.3-102? (See instructions and DOL' Program)	•	•	10a		х					
<b>b</b> Were there any nonexempt transactions with any party-in-inter-			100							
reported on line 10a.)			10b		Х					
<b>C</b> Was the plan covered by a fidelity bond?			10c	x			350000			
<b>d</b> Did the plan have a loss, whether or not reimbursed by the plan by fraud or dishonesty?			10d		Х					
<ul> <li>Were any fees or commissions paid to any brokers, agents, or other persons by an insurance carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).</li> </ul>					х					
<b>f</b> Has the plan failed to provide any benefit when due under the			10f	Ì	Х					
g Did the plan have any participant loans? (If "Yes," enter amoun	t as of year e	nd.)	10g	Х			81610			
h If this is an individual account plan, was there a blackout period 2520.101-3.)	I? (See instru	ctions and 29 CFR	10g		Х					
<ul> <li>If 10h was answered "Yes," check the box if you either provider exceptions to providing the notice applied under 29 CFR 2520.</li> </ul>	d the required	d notice or one of the	10i							
j Did the plan trust incur unrelated business taxable income?										
• • • • • • • • • • • • • • • • • • • •			10j	<u> </u>			1			

11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Schedule SB (Form 5500) and line 11a below)	Yes X No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40 11a	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section 302 of ERISA?	Yes X No

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	(If "Yes," complete line 12a or lines 12b, 12c, 12d, and 12e below, as applicable.)							
a	a If a waiver of the minimum funding standard for a prior year is being amortized in this plan year, see instructions, and enter the date of the letter ruling granting the waiver							
lf	you c	ompleted line 12a, complete lines 3, 9, and 10 of Schedule MB (Form 5500), and skip to line	13.		<b>.</b>			
b	Enter	the minimum required contribution for this plan year		12b				
C Enter the amount contributed by the employer to the plan for this plan year								
<b>d</b> Subtract the amount in line 12c from the amount in line 12b. Enter the result (enter a minus sign to the left of a negative amount)								
e Will the minimum funding amount reported on line 12d be met by the funding deadline?						No	N/A	
Part	VII	Plan Terminations and Transfers of Assets						
13a	Has	a resolution to terminate the plan been adopted in any plan year?			Υe	es X No		
		es," enter the amount of any plan assets that reverted to the employer this year		13a				
h		e all the plan assets distributed to participants or beneficiaries, transferred to another plan, or brou						
D		e PBGC?				Yes 🗙	No	
С		ring this plan year, any assets or liabilities were transferred from this plan to another plan(s), identi th assets or liabilities were transferred. (See instructions.)	fy the plan(s) to					
1	13c(1)	Name of plan(s):	13c(2)	EIN(s)		13c(3)	PN(s)	
Part	VIII	Trust Information						
14a	Name	of trust		14b	Trusťs E	IN		
<b>14c</b> Name of trustee or custodian				<b>14d</b> Trustee's or custodian's telephone number				
Par	t IX	IRS Compliance Questions						
15a	Is th	e plan a 401(k) plan?		Y	es	No		
<ul><li><b>15b</b> If "Yes," how does the 401(k) plan satisfy the nondiscrimination requirements for employee deferrals and employer matching contributions (as applicable) under sections 401(k)(3) and 401(m)(2)?</li></ul>				b h	esign- ased safe arbor nethod	e ADF test	P/ACP	
15c	testir	ADP/ACP test is used, did the 401(k) plan perform ADP/ACP testing for the plan year using the "c ng method" for nonhighly compensated employees (Treas. Reg sections 1.401(k)-2(a)(2)(ii) and 1.4 2)(ii))?		Y	es	No		
		k the box to indicate the method used by the plan to satisfy the coverage requirements under sect	.,	Цр	atio ercentage est		erage nefit test	
16b		the plan satisfy the coverage and nondiscrimination tests of sections 410(b) and 401(a)(4) by con plan with any other plans under the permissive aggregation rules?	0	Y	es	No		
17a	Has	the plan been timely amended for all required tax law changes?		Y	es	No	N/A	
	for ta	the last plan amendment/restatement for the required tax law changes was adopted//////	•				tructions	
17c		plan sponsor is an adopter of a pre-approved master and prototype (M&P) or volume submitter placory letter, enter the date of that favorable letter/ and the letter's serial r		t to a f	avorable	IRS opinion	or	
17d		plan is an individually-designed plan and received a favorable determination letter from the IRS, e mination letter/	nter the date of	the pla	in's last fa	avorable		
18		e Plan maintained in a U.S. territory (i.e., Puerto Rico (if no election under ERISA section 1022(i)(2 e), American Samoa, Guam, the Commonwealth of the Northern Mariana Islands or the U.S. Virgir		Υe	S	No		
19	Were	in-service distributions made during the plan year?		<b>Y</b>	es	No		
	lf "Y€	es," enter amount		19				
20		e required minimum distributions made to 5% owners who have attained age 70 ½ (regardless of wed), as required under section 401(a)(9)?		Y	es	No	N/A	

Department of the Treasury	Short Form Annu	Benefit Plan	· · · · · · · · · · · · · · · · · · ·			1210-0089	
Internal Revenue Service	This form is required to be file	ed under sections 104 and	4065 of the Employee	Retirement		2015	
Department of Labor Employee Benefits Security Administration		Revenue Code (the Cod		ie internal		Form is Open to lic Inspection	
Pension Benefit Guaranty Corporation	Complete all entries in		tructions to the Form	5500-SF.		•	
	t Identification Information fiscal plan year beginning 01/01/20		and ending 12	121/2015			
<u>+ 0, 00,0</u>	X a single-employer plan		plan (not multiemployer		king this b	ox must attach a	
A This return/report is for:	a one-participant plan	list of participating employer information in accordance with the form instructions)					
_							
<b>B</b> This return/report is	the first return/report an amended return/report	the final return/report	m/report (less than 12	months)			
C Check box if filing under:	— Form 5558	automatic extension		Пг	OFVC prog	ram	
	special extension (enter desc			U •	or ve prog	i ai n	
Part II Basic Plan Inf	ormation—enter all requested in						
1a Name of plan				1b Three	e-digit		
U.S. Millwork, Inc. 401(k) Retirem	nent Savings Plan				number	001	
				(PN) 1c Effec			
				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1/2009	n hian	
Mailing address (include roc	oyer, if for a single-employer plan) om, apt., suite no. and street, or P.C		ziko denze u til 100		oyer identi 61-11989	fication Number 13	
J.S. Millwork, Inc.	ce, country, and ZIP or foreign post	lar code (i) totelign, see insi	auctions)	2c Sponsor's telephone number (502) 587-9450			
				2d Busin	iess code i	(see instructions)	
1815 Allmond Avenue				33700	00		
					00		
ouisville, KY 40214	and address X Same as Plan Shon	SOL		3370(		FIN	
ouisville, KY 40214	and address XSame as Plan Spons	sor.		33700 3b Admi	nistrator's		
ouisville, KY 40214	and address XSame as Plan Spons	sor.		33700 3b Admi	nistrator's	EIN telephone number	
ouisville, KY 40214	and address XSame as Plan Spons	sor.		33700 3b Admi	nistrator's		
ouisville, KY 40214	and address XSame as Plan Spons	sor.		33700 3b Admi	nistrator's		
Louisville, KY 40214 3a Plan administrator's name a	and address X Same as Plan Spons		for this plan, enter the	33700 3b Admi	nistrator's		
<ul> <li>A If the name and/or EIN of the name, EIN, and the plan number of the name.</li> </ul>			for this plan, enter the	33700 3b Admin 3c Admin 4b EIN	nistrator's		
<ul> <li>Jouisville, KY 40214</li> <li>3a Plan administrator's name a</li> <li>4 If the name and/or EIN of the name, EIN, and the plan nu</li> <li>a Sponsor's name</li> </ul>	he plan sponsor has changed since umber from the last return/report.	the last return/report filed	•••••••••••••••••••••••••••••••••••••••	333700 3b Admin 3c Admin 4b EIN 4c PN	nistrator's	telephone number	
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6a Were all of the plan's assets during the plan year invested in eligit	ole assets? (	See instructions )					X Yes No
<b>b</b> Are you claiming a waiver of the annual examination and report of an independent qualified public						•••••	
under 29 CFR 2520.104-46? (See instructions on waiver eligibility	and conditio	ns.)		•••••••			🛛 Yes 🗍 No
If you answered "No" to either line 6a or line 6b, the plan can							
<b>c</b> If the plan is a defined benefit plan, is it covered under the PBGC in	nsurance pro	ogram (see ERISA se	ection 4	021)?		Yes	No Not determined
Part III Financial Information							
7 Plan Assets and Liabilities		(a) Beginning	g of Ye	ar			(b) End of Year
a Total plan assets	. 7a		72072	24			562348
<b>b</b> Total plan liabilities	. 7b						
C Net plan assets (subtract line 7b from line 7a)	. 7c		72072	24			562348
8 Income, Expenses, and Transfers for this Plan Year		(a) Amou	unt				(b) Total
a Contributions received or receivable from:							
(1) Employers	. 8a(1)		2235				
(2) Participants	1		7174	14			
(3) Others (including rollovers)	. 8a(3)						
<b>b</b> Other income (loss)	. 8b		876	64			
C Total income (add lines 8a(1), 8a(2), 8a(3), and 8b)	. 8c	· · ·		1			102867
<b>d</b> Benefits paid (including direct rollovers and insurance premiums	0.1		26002	23			
to provide benefits)			20002				
e Certain deemed and/or corrective distributions (see instructions)	8e		122	20	- 1945 - 1945	는 같은 모양 이 제가 가장	
f Administrative service providers (salaries, fees, commissions)	. 8f		122		1994) - 1994		in a line in den in de sin de sin Notes de sin d
g Other expenses		te ta altera			1999) 1997	- 이상 - 영상	
h Total expenses (add lines 8d, 8e, 8f, and 8g)							261243
Net income (loss) (subtract line 8h from line 8c)						an an an an Ar	-158376
J Transfers to (from) the plan (see instructions)	. 8j						
Part IV Plan Characteristics							
9a If the plan provides pension benefits, enter the applicable pension 2E 2F 2G 2J 2K 2T 3D	feature cod	es from the List of Pl	an Cha	racteri	stic Co	odes in tl	ne instructions:
<b>B</b> If the plan provides welfare benefits, enter the applicable welfare to	iantura anda	a from the List of Dis	n Char			loo in the	- i
D In the plan provides wehare benefits, enter the applicable wehare t	eature coue	S ITOIN THE LIST OF FIA		sciensi		165 111 111	e instructions.
Part V Compliance Questions							<u></u>
10 During the plan year:			444	Yes	No	N/A	Amount
a Was there a failure to transmit to the plan any participant contribu	tions within	the time period					Anount
described in 29 CFR 2510.3-102? (See instructions and DOL's \					х		
Program)			10a				
b Were there any nonexempt transactions with any party-in-interes reported on line 10a.)			10b		X		
			100				050000
C Was the plan covered by a fidelity bond?			10c	X			350000
d Did the plan have a loss, whether or not reimbursed by the plan's by fraud or dishonesty?			10d		х		
e Were any fees or commissions paid to any brokers, agents, or other		***					
carrier, insurance service, or other organization that provides some or all of the benefits under the plan? (See instructions.).					х		
f Has the plan failed to provide any benefit when due under the pla	in?		10f		х		
g Did the plan have any participant loans? (If "Yes," enter amount a	is of year en	d.)	10g	х			81610
h If this is an individual account plan, was there a blackout period? 2520.101-3.)			10h		х		
I If 10h was answered "Yes," check the box if you either provided t exceptions to providing the notice applied under 29 CFR 2520.10			10i				
j Did the plan trust incur unrelated business taxable income?			10j				
Part VI Pension Funding Compliance				L		<u> </u>	

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11	Is this a defined benefit plan subject to minimum funding requirements? (If "Yes," see instructions and complete Sche 5500) and line 11a below)	dule SB (Form	. 🗌 🛛	res X N	No
11a	Enter the unpaid minimum required contribution for all years from Schedule SB (Form 5500) line 40	11a		:21	
12	Is this a defined contribution plan subject to the minimum funding requirements of section 412 of the Code or section	302 of ERISA?	<u>.                                     </u>	res 🛛 N	٩v